

# BULLETIN

of the  
MAHONING COUNTY  
MEDICAL SOCIETY

*Volume LI*

*Number 2*

FEBRUARY, 1981

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## 1981 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1981

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 20	Mar. 17	May 26	Sept. 15	Nov. 17	Dec. 15

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## *From the Desk of the President*



### **WOULD YOU WANT TO DO ANYTHING ELSE?**

It's three o'clock in the morning and you are awakened from a sound sleep by the ringing of the telephone. While trying to open your eyes, you grope for the phone and answer it. From a distance, you hear, "Doctor, your patient has arrived, is in the labor room and is four fingers dilated." After quickly giving your instructions, you get dressed and drive to the hospital. Upon arriving, you take the elevator to maternity, change clothes, deliver a healthy baby, congratulate the father, again change clothes, go back home, return to bed and continue with your interrupted sleep. The next morning you're up and prepared for your daily routine and for any unexpected event that may occur. Later that evening you go home, grumbling and complaining, and wishing that you could have a normal life like others and yet, would you want to do anything else?

You are getting dressed for dinner on this special evening when you hear the phone ring again. Upon answering it, you learn there is a patient in the Emergency Room anxiously waiting for you. This patient was involved in an auto accident and was bleeding internally from injuries he received. He was conscious while the preliminary evaluation was being completed, and seemed to be stable. The request for your services was made by the patient's family.

You, therefore, finish dressing, go to the Emergency Room, evaluate the patient, take him to surgery, and after four hours you get everything under control. You then talk to the family and reassure them that the patient will be well again. It's now close to midnight and too late for dinner, but just in time for a midnight snack which incidentally tastes very good although it's cold. Again you wonder, would you prefer anything else?

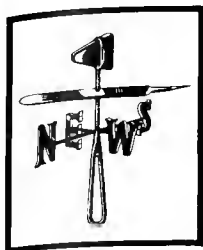
You knew when you accepted the responsibility of caring for patients that there would be days like this, and yet you did accept.

You also knew that at times you would be called to perform a service which would mean a self-sacrifice on your part. In addition to the direct care of patients, your time would be needed to attend and participate in medical education, both learning and teaching, in hospital and medical organizations, and in community affairs.

When you look back at the self-sacrifices which were made, the responsibilities which were accepted, and the time you spent to help improve the community, would you want to do anything else?

What do you think?

—D. J. DALLIS, M.D., *President*



# BULLETIN

## of the Mahoning County Medical Society

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**Volume LI**

**FEBRUARY, 1981**



**Number 2**

The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

### EDITOR

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John C. Melnick, M.D.

James A. Lambert, M.D.

Jack Schreiber, M.D.

## Editorial

### A DIET FOR MEDICINE'S OBESITY

In the mid-seventies, after the Viet Nam war, the private medical sector began to feel its seams bulging as the weight of former military physicians was added to its flanks. At the same time researchers were scrambling out of the laboratory as financial insulation was removed and left them in the cold. They also sought refuge in clinical areas. Further, there was a push towards, rather than away from, medical and surgical subspecialization. It was not enough that the clinician supply was increasing, but the swollen ranks centered themselves in institutions where they could practice their highly specialized knowledge. These people were not attracted to less urban areas because they did not feel they had the diagnostic, therapeutic, population, or life-style support they needed.

This overweight cellulite manpower figure prompted a variety of medical population reduction studies. In other words, medicine needed a diet. A most extensive report was accomplished by the Graduate Medical Education National Advisory Committee (GMENAC) commissioned by the Department of Health, Education, and Welfare. The seven volume, 900-page analysis is being released in serial fashion by the Office of Graduate Medical Education of the Health Resources Administration. Predicting a surplus of 70,000 physicians by 1990, the Committee has called for a cutback in medical school enrollment and restrictions on the entry of foreign-trained doctors. It is important that all physicians study this information as this may have the greatest effect on medical legislation as well as affect local manpower profile. It seems it is inevitable that at least some of the 40 GMENAC recommendations to solve seven major problem areas identified, should be and will be accepted.

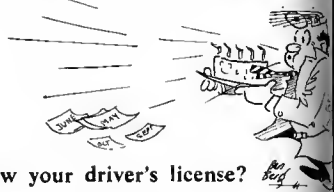
In addition to the solutions proposed, there are several areas not emphasized in the study that deserve further investigation. First, now is the time to entice more of the great research minds of medicine back to the laboratory, not only will the clinical ranks be reduced, but valuable shelved studies should be given new life. Also now that computerization is blossoming in medicine, these techniques applied to research should speed data analysis like never before. More government money into research not only provides more cement to the foundation of medicine, but also provides much needed jobs for researchers and their support personnel. The second area that needs

further study is related to the first. That is, government residencies should be directed to the production of academicians and away from the production of clinicians. In Urology, for example, 60-100 of the approximately 1,000 Urology positions are government-related positions. The redirection into research oriented programs would not only show government leadership in research, but also aid the redistribution of manpower. If other specialty areas were also redesigned the redistributed members would become sizeable.

The following GMENAC Committee is now being formulated. It is the one that must recommend the diet for the clinical flanks. Money into research would provide more medical muscle and streamline medicine's sagging clinical midriff. It is hoped GMENAC Study will help advance higher quality of care if it is indeed used to better exercise clinical and non-clinical aspects of our profession. One must guard, however, that it is not used as a political wedge to control medicine and further erode the physician's position in society. We may need a diet but we must avoid anorexia nervosa.

—RICHARD A. MEMO, M.D.

## HAPPY BIRTHDAY



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**Feb. 28**

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M. Szauter

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S. F. Petraglia

**March 13**

H. W. Haverland

**March 15**

J. Mersol

N. Afrooz

### DR. SOVIK RE-ELECTED ST. E. STAFF HEAD

Dr. William Sovik has been re-elected president of the clinical staff at St. Elizabeth Hospital Medical Center. Also re-elected in the voting by staff members were Dr. William Crawford, vice president, and Dr. Richard Richards, secretary-treasurer. Members at large on the executive committee are Dr. William Johnson, Dr. C. Edward Pichette, and Dr. Louis Zeller.

### DR. JACOBSON HEADS REHAB COMMITTEE

Because of a typographical error in the January *Bulletin*, the Rehabilitation Committee list does not have Dr. M. I. Jacobson as head of the committee, but lists Dr. Gonzalez as both chairman and a member of the committee. Note that Dr. Jacobson is chairman.





(TOP) Retired executive director Howard Rempes and his wife, Ellic, were special guests and warmly welcomed by Dr. Brucoli at the installation banquet. Howard Rempes models one of his gifts. Dr. Brucoli presented the gavel to Dr. Dallis.

(CENTER) The officers of the Society were installed.

(BOTTOM) Dr. Dallis presented an appreciation plaque to Dr. Brucoli as Mrs. Brucoli got ready to pin on the past-president's pin. A bound volume of the *Bulletin* was presented to Mrs. Brucoli by Dr. Dallis.

## ANNUAL INSTALLATION IS HELD

Dr. B. Patrick Brucoli was honored as retiring president and Dr. D. J. Dallis installed as the new president at the January 20th installation banquet of the Mahoning County Medical Society.

Dr. Brucoli was presented an appreciation plaque for his work as 1980 presi-

(Continued Next Page)

dent of the Society, and Dr. Dallis received a new gavel made by Dr. Patrick Cestone. Dr. Brucoli also was presented a past-president's pin and a bound volume of the 1980 *Bulletin*.

Dr. Brucoli introduced Howard Rempes, retired executive director of the society, and his wife, Ellie, and then presented Rempes with several personal gifts. Dr. Brucoli then presented Rempes with a special gift from all the members of the society in token of appreciation for the many years of dedicated service rendered.

A moment of silence was observed for those members who died last year, Dr. Lewarron Moyer, Dr. Morris Deitchman, Dr. Richard R. Goldcamp, Dr. Gerald Klebanoff, Dr. Chester Lowendorf, Dr. James R. Gillis, Dr. Raymond A. Hall, and Dr. Bertie R. Burrowes.

Two applications were read and the officers of the society were installed by Dr. Brucoli.

Entertainment was provided by the Western Reserve Barbershop Quartette and, following some announcements, the meeting was adjourned.

### MEDICAL COORDINATOR - REHABILITATION MEDICINE

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## ALCOHOLISM

Alcoholism is a disease, yes that's for sure - - but it is also an accident. Nobody sets out to become an alcoholic any more than anybody sets out with the intention of becoming a diabetic. There have been innumerable studies searching for the cause of alcoholism and a vast amount of discussion over the exact definition of "what is an alcoholic?" All of the evidence isn't in so far, but we all know the tremendous cost in lives and in "gross national product" that results directly or indirectly from abuse in the consumption of alcohol particularly, but also of the abuse of all mood-changing chemicals.

Society has accepted alcohol as a normal and natural ingredient in social intercourse and for the most part as a catalyst in "better business practices", in spite of the fact that the IRS is coming to frown upon the so-called "three martini luncheon". The definition of alcoholism has been a "stumbling block" and persons having the problem are prone to alibi and avoid acceptance of the condition existing either in themselves or in members of the family. Very simply put, it is essential for the alcoholic himself to accept a definition in terms of what alcohol is doing to him, to his health, his job, his family relations, etc. It doesn't matter what he drinks or how much or when actually, but it rests upon the effects that his drinking has on his or her life and the various functions therein.

No one can deny that taking alcohol has "effects" upon the person, that's why he drinks - - because he wishes to feel better, to overcome fatigue, to overcome shyness, self-consciousness, etc., and to get a quick source of energy and animation for whatever lies just ahead. Thus people drink before dinner to overcome fatigue and boredom and to stimulate appetite and conversation. etc. Certainly millions of people drink in a so called "social pattern" and don't ever actually become alcoholics; that is, they never have any particular or dangerous trouble or results from a controlled use of alcohol. However, there are well over 10% of people who drink regularly who finally come to the point of alcoholism.

I am writing this because it seems to me that, until recently, the medical profession including the medical schools have avoided facing up and really learning what there is to know about alcoholism as a disease entity, so therefore very little has been done in teaching the students and in exchanging real practical information about the disease within our profession.

Considerable improvement has occurred in the last few years and now the medical schools are actually staging lectures and workshops in an effort to do something constructive about the problem. Probably the litigation over malpractice and more recent legislation which allows the plaintiff to sue the hospital board, the entire staff, and every person that is possibly involved in the malpractice case, has brought us to face up and try to do something about the "Impaired Physician", so that real positive steps have been taken. The AMA has arranged and scheduled national meetings to deal with the "Impaired Physician" in the last six or seven years and held this year's annual meeting in October in Baltimore, and with a draw of a few hundred participants.

Every doctor of medicine or doctor dealing with the public in matters of health-care should be aware of some facts. Of all the so called "cures" for alcoholism that have been tried and tested, there is little doubt that AA (Alcoholics Anonymous) is frequently an adjunct in producing recovery. It is never safe for the alcoholic to consider himself cured or recovered anymore than it is for the patient with cancer, diabetes or heart disease. However, with the alcoholic it is relatively easy to live in a constant state of remission in his diseases by simply following that very simple and pragmatic rule — "don't take the first drink." AA is a fellowship in which group and individual therapy constantly reinforces the individual's motivation to "not take the

first drink", and "to learn to like it". It is a widely accepted conclusion within the medical profession that AA has produced more and better recoveries than any other method or medication. Every doctor who uses alcohol socially has in himself or somewhere within his immediate associates the problem of alcohol or chemical dependency or addiction, and should know some practical facts for his own use:

- (1) Go to an Alcoholics Anonymous meeting. (There are closed and *open* meetings in your community, usually from 10 to 40 meetings a week within a few miles of most any urban community in the country.)
- (2) Remember you can go to any open meeting purely as a spectator or visitor without in the least committing yourself to any obligation or implication that you have a problem.
- (3) Call a member of the AA Fellowship or look in the phone book for Alcoholics Anonymous (Intergroup, information, local clinic or whatever), and you can usually find out where there is a meeting convenient for you. (216-744-1181, or 216-744-1935)
- (4) Treat yourself, your family member, or your patient with empathy and understanding. You are already a master of subtlety and discretion in informing your patient of his need to seek help for his sickness when consultation is needed, so it should be no problem to you to give him directions along this line.
- (5) Don't abruptly identify him as "an alcoholic" or accuse him in other words as that is the way he will take it, but simply urge that he make a contact and attend a few meetings to see if he qualifies, and therefore should undertake measures which will be directed toward his own recovery. The immediate family of the alcoholic is equally involved with the vagaries as well as the serious effects of alcoholism, and usually willing to agree that the affected person needs something, and therefore themselves should be involved in increasing their knowledge of alcoholism as a disease and the need for very specific actions and measures required of everybody involved in order to deal with it properly.
- (6) Develop in yourself the attitude that alcoholism is itself a true sickness and a reputable disease, if you will, and that the diagnosis and treatment therefore should be readily available and easy, and the cost therefore should properly be borne by a third party carrier, and with the blessing of the family, the employer and society in general. "No body ever set out to be or wanted to be an alcoholic".
- (7) Lend a voice to the attitude that "holding one's liquor" is not a quality of masculinity, macho, manhood, stamina or virtue, and this will help your alcoholic patient or family member as much as anything else you can do. Take him to a meeting yourself and let him see how it works and therefore hopefully will reach his own diagnosis and accept on faith the treatment and hope for recovery that may be available to him through the Fellowship of Alcoholics Anonymous.

Doctor, you can save a lot of lives, maybe your own.

—LEWIS K. REED, M.D.

## DR. BRUCHS TO HEAD MATERNAL HEALTH COMMITTEE

Dr. R. L. Bernstine has relinquished his chairmanship of the maternal health committee and Dr. R. V. Bruchs has been appointed to the chairman post by Dr. D. J. Dallis.

## In Memoriam

### BERTIE B. BURROWES, M.D.

1910 - 1981

Dr. Bertie B. Burrowes, 70, died Monday, Jan. 12 in North Side Hospital. Dr. Burrowes was born May 25, 1910, in Kingston, Jamaica and graduated from Howard University in 1934. He earned his medical degree from Howard University in 1939, served a rotating internship at Freedmen's Hospital in Washington, D.C. and had his residency at Trinity Hospital, Detroit, Michigan. He opened practice in Youngstown in 1939 and maintained an office until retirement in 1977.

Dr. Burrowes was on the staff at the Youngstown Hospital Association and on the courtesy staff at St. Elizabeth Hospital Medical Center. Soon after coming to Youngstown, he served as physician in residence of a well-baby-clinic at McGuffey Center which he helped establish. He was physician in charge of the clinic until 1941.

He was past chairman of the board of trustees of Youngstown State University, served on the Youngstown Council on Alcoholism, the Mahoning County Chapter of the American Red Cross, the Child Guidance Center and Youngstown Park and Recreation Commission.

At one time, Dr. Burrowes served as Youngstown Police Department physician. He was a member, past exalted ruler and treasurer of the Buckeye Elks Lodge, a member of the local, state and national medical associations, The American Academy of General Practice and St. Augustine's Episcopal Church. He was a member of Omega Psi Phi Fraternity, the NAACP, and the YMCA.

Dr. Burrowes received the humanitarian award from the Youngstown Chapter of Negro Business and Professional Women's Clubs, and an honorary life membership from McGuffey Center. He served a period of time as editor of the *Buckeye Review*.

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## **RESOLUTION DEADLINE IS MARCH 18**

The deadline for resolutions to be presented to the House of Delegates at the annual meeting of the Ohio State Medical Association is March 18, 60 days before the opening session.

Any individual member of the OSMA may compose and submit a resolution directly to the Columbus office. It need not have the approval of the member's Council or Medical Society. However, a resolution does have a better chance of being adopted if the local delegation knows about it and is prepared to support it in the reference committees and on the floor at the annual meeting. Also, any member submitting a resolution should be prepared to go to Columbus and speak for the resolution before the reference committee.

Reference committees always meet on Monday morning, following the opening Sunday session. This year's dates for the annual House of Delegates meeting are Sunday, May 16 through Wednesday, May 20.

It is suggested that anyone in the Mahoning County Medical Society wishing to submit a resolution would be wise to contact a member of the local delegation for help. The delegates are: Dr. William Sovik, chief delegate; Dr. J. C. Melnick, Dr. J. J. Anderson, Dr. P. J. Mahar Jr., and Dr. C. E. Pichette.

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## **DR. LAKHANI GETS ADVANCED POST**

Dr. P. R. Lakhani, who is a diplomate in internal medicine, has been advanced to the position of Advanced Clinical Professor of Medicine by North East Ohio College of Medicine. The advancement was made January 12, 1981.

---

## **PHOTO COMPETITION OPEN**

The Ohio State Medical Journal is sponsoring its annual photographic competition and exhibit, with winning entries to receive awards at the 1981 annual meeting in Cleveland.

The competition is open to both physicians and spouses, with a March 28 deadline. Entry forms and further information can be found in the January issue of the Ohio State Medical Journal.

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## **JUVENILE DIABETES MEETING**

Juvenile diabetes is a lifelong and common problem in this area. For families and children with Juvenile Diabetes the goal is a cure but further research is needed. Plans are underway to begin a chapter of the Juvenile Diabetes Foundation in Youngstown, an organization dedicated solely to raising funds for Juvenile Diabetes research.

An organizational meeting of the chapter will be held Thursday, March 5 at 7:30 p.m. at the home of Dr. Bruce R. Mirvis, 2001 Crestview Blvd., Liberty Township, Youngstown. All interested parents and physicians are invited to hear a representative of the National Juvenile Diabetes Foundation.

## REPORT OF AMA INTERIM MEETING

by Jack Schreiber, M.D.  
Ohio Delegate to AMA

The House of Delegates of the American Medical Association considered several hundred reports and resolutions at their interim meeting in San Francisco in December. Several items are of extreme importance to local physicians.

### PSRO

A resolution presented by the Ohio delegation restated the AMA policy to read: "To continue professionally directed efforts to insure that care provided the patients is of high quality, at a reasonable cost and to encourage the elimination of all government directed peer review programs including PSRO".

It is important to understand that AMA policy is not against peer review but against federal funding and federally directed programs. Testimony in reference committee reflected the growing disenchantment and frustration by physicians all around the country with the existing PSRO program.

### National Health Insurance

In 1978, the House of Delegates took the position of NOT submitting an NHI bill of our own into the Congress. This position was reaffirmed and the resolution read: "To continue to advocate, in a positive manner, the superiority of a voluntary, free choice method of medical and health care delivery compared to a system dominated and controlled by the Federal Government".

Widely felt by members of the House and those testifying is that the incoming Reagan administration will do everything possible to deregulate health care in this country and that no bills on NHI will be introduced into the new Congress.

### Health Planning Act - Public Law 93-641

The Health Planning Act, passed by Congress, introduced the HSA and Certificate of Need into our private and professional lives. Adopted was a resolution calling for the AMA "to support immediate cessation of funding of the law and for the AMA to cause legislation to be introduced in the 97th Congress to repeal Public Law 93-641 and 96-79 and with the support of state medical associations, to seek diligently to pass that legislation".

Again, testimony from all over the country revealed "horror stories" and the growing anger of physicians, hospitals and others in the health care profession regarding the Health Planning Act. Opinions expressed at the meeting indicated a very strong possibility that Congress would not fund the HSA in the coming session.

### Ask For Moratorium

It was revealed at the meeting that action taken by the AMA House in the 1979 Interim Meeting, requesting the FDA to place a moratorium on the implementation of patient package inserts was being considered by the FDA. This policy was reiterated and every effort will be made to carry out the wishes of the AMA at the FDA level.

### Resolution

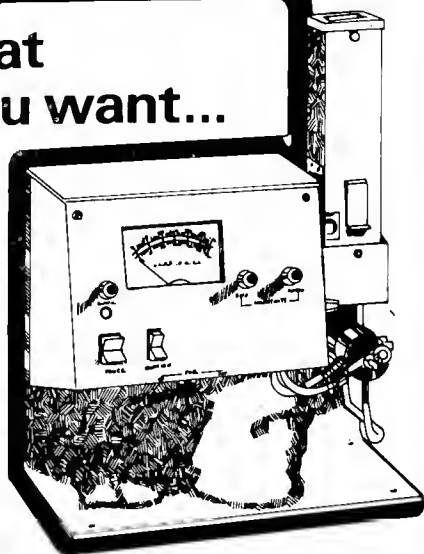
The House approved a resolution calling for a five year plan for health promotion that will include scientific conferences, work shops and continuing medical education courses in an attempt to help physicians modify a patient's life style to improve the quality and quantity of life. This one of many examples of the work of the AMA that often goes unheralded.

I am happy to present this brief report to those of you whom I represent. If, at any time you have any questions or would like a direct input into the AMA House, please do not hesitate to contact me.

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Lois Moss, Manager

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## PROCEEDINGS OF COUNCIL

### January 13, 1981

The following applications were presented by the Censors:

ASSOCIATE

Morris H. Drucker, M.D.

Virgilio E. Angtuaco, M.D.

ACTIVE

Frank A. Rich, D.O.

Anil C. Nalluri, M.B.B.S.

The applications were approved. The applicants will become members of the Mahoning County Medical Society, in the category under which they are listed, 15 days after publication in the *Bulletin* unless objection in writing is filed with the executive director before that time.

A discussion ensued concerning the lawsuit. A motion was made to accept the consent decree and recommend to the society as a whole that the action be approved. This will be presented at the March meeting of the Mahoning County Medical Society.

A letter was read from the Geauga County Medical Society concerning a letter sent to Congressman J. William Stanton making recommendations concerning P.S.R.O. A motion was made and seconded that a copy of the letter be forwarded to Congressman Lyle Williams.

A letter was read from the Mahoning County Health District concerning pneumococcal vaccine and requesting it be distributed to the society members. The executive director was instructed to send a copy to each member.

A letter from Dr. Richard J. Solyn concerning the D.O./M.D. matter was read and discussed at great lengths. It was noted the society cannot legally allow any change of degree designation and it was suggested a remedy be sought through legislation or enrollment as an advanced student in a medical school in order to enable a D.O. to legally use the M.D. designation. A motion was made and seconded to contact the telephone company and have their representative appear at a council meeting to determine what can be done about listings in the phone book. Motion passed.

Under unfinished business, the scholarship dinner was discussed and a motion was made, seconded and duly passed that the same method of selection of participants be used in 1981 as was used in 1980, with the date to be April 9, 1981 and the speaker and place to be selected by the committee.

Under new business a motion was made, seconded and duly passed that available society funds be invested, under the direction of the treasurer and the executive director, to obtain the most interest money without putting the funds in jeopardy.

Under new business a motion was made, seconded and duly passed to accept the job description for the Executive Director position of the Mahoning County Medical Society and to accept the office guidelines.

Under new business, it was announced that Dr. J. A. Lambert has resigned from council. The matter of his replacement is council's responsibility and will be considered at the February meeting of council.

## LETTER

TO: All members of the Mahoning County Medical Society—

On Tuesday, Jan. 20th, when my wife, Eleanor, and I were guests at the Annual Banquet, we were surprised by the presentation to us of a check to be used toward a cruise of our choice. We understand that the money for this came from contributions from many, many individual members of the Medical Society and we take this opportunity, through the *Bulletin*, to thank you, each and every one.

It was a thoughtful, kind and wonderful retirement gift from you who have been my friends and work associates for almost a quarter of a century. Thank you.

*Sincerely,*

Howard Rempes, *Executive Director (Retired)*



*David L. Rader, President  
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# From the Bulletin

## FORTY YEARS AGO — FEBRUARY 1941

Youngstown was in the throes of an influenza epidemic, the third small one since the great epidemic of 1918. The *Bulletin* warned members that influenza epidemics usually appear in two or three waves. The first is soon burnt out in three weeks. The second appears in about thirty-three weeks, is more severe and subsides more slowly. One of the worst features is the terrible lassitude and loss of strength which follows the disease. Radio programs and speeches by Fred Coombs, Carl Gustafson, Lewis Reed, and Ray Hall were all on "Influenza, Pneumonia and Mastoids" which reflect the interest of the times.

Dr. E. H. Young had a leading article on "The Constitutional Treatment of Burns". The U.S. Public Health Service issued a list of dangerous drugs which could be dispensed only by prescription. On the list were: Aminopyrine, aspidium, carbon tetrachloride, chenopodium, cinophen, santonin and tetrachlorethylene. How many of us use those drugs today?

It was a rough winter. Jack McCann had chains on his tires. H. E. Chalker and L. G. Coe took their families to Hollywood, Florida. C. S. Lowendorf took his family on a southern cruise and stopped in New Orleans for the Mardi Gras. Capt. Myron Steinberg went down to Camp Shelby, Mississippi, courtesy of the U.S. Army.

New members that month were: William D. Collier, Milton M. Kendall, B. B. Burrowes, Nathan D. Belinky and Ray J. Scheetz. Dr. Collier was the new pathologist at St. Elizabeth's Hospital.

## THIRTY YEARS AGO — FEBRUARY 1951

Wars and threats of war. The country was ostensibly at peace, yet the Korean struggle was going badly and had everyone alarmed. The *Bulletin* was full of talk about civilian defense and preparation for atomic attack. President Wenaas said that the Society was taking definite steps in preparing the doctors for a civil defense program.

One hundred thirty-six area physicians, forty-nine dentists and five veterinarians registered on January 15th under the new doctor draft law. Every physician in Ohio was required to turn in a questionnaire. The Army expected to add 1,733 physicians by March. Of those called up, one out of five failed to pass the physical examination. The major causes for rejection were: Tuberculosis, duodenal ulcers, neuropsychiatric ailments, hypertension, and asthma. It was pointed out that doctors were five to ten years older than non-medical registrants and the rejection rate could be expected to be higher.

A. J. Bayuk and J. K. Herald were in Cleveland for a course in Cardiac Resuscitation given by Dr. Claude Beck. Charles Waltner received certification as a diplomate in psychiatry from the American Board of Psychiatry and Neurology. W. J. Flynn was studying at the Memorial Hospital in New York. H. S. Banninga was in Cincinnati to attend a seminar on "Survival Under Atomic Attack."

The A.M.A. Medical Education Foundation was established December 20, 1950. Members were urged to contribute. The Venereal Disease Clinic reported 140 new cases of syphilis, 320 of gonorrhea, one chancroid and one granuloma inguinale.

## TWENTY YEARS AGO — FEBRUARY 1961

Medicare for the aged was under debate in Congress and was being opposed vigorously by the A.M.A. We lost the battle but not the war. Our strong opposition made it be enacted in an acceptable form with free choice of physician by the patient and free choice by the physician to participate or not.

The cultural seminar for doctors at Youngstown University started suspiciously. Seventy-five doctors came through a blinding snowstorm to attend the first lecture.

New members were: John T. Martin, Sanford R. Weiss, Nicholas Salis-tean, Richard Roland and Charles Whitten.

St. Elizabeth's Hospital opened a new psychiatric ward under supervision of Michael Kachmer. The medical staff honored the Chief of Medicine, Paul Mahar at a dinner at the Chateaubriand Restaurant.

### TEN YEARS AGO — FEBRUARY 1971

Since February is heart month, President John Stotler encouraged the members to "take heart" and turn their efforts towards *preventing* heart disease, instead of doing all that Coronary By-pass Surgery. Unfortunately, Dr. Stotler was himself to be a victim of heart attack a few years later.

The American Heart Association, acting along these same lines, revealed that the Rheumatic Fever rates were lowest in the areas where the free throat culture program was most extensively used. The Association recommended that the throat culture program be utilized in school health clinics by school physicians and nurses.

Dr. Campbell Moses, Medical Director of the American Heart Association, was the guest speaker for the February meeting. His topic was "Office Methods of Reducing the Risk of Heart Attack". Dr. Willard C. Schmidt also spoke briefly on the Rheumatic Fever Throat Culture Program.

New members that month were: Bruce L. Lipton, Lawrence M. Pass, and Sarah Yacono. Dr. Al Cinelli was elected President of Childrens and Family Service; Dr. Henry Ellison was elected President of the Child and Adult Mental Health Center, Inc.; Dr. David A. Belinky was appointed Medical Director of the Methadone Maintenance Clinic; Dr. Charles Waltner was installed as President of the Association of Medical Superintendents of the Ohio Department of Mental Hygiene and Corrections, and Dr. Leonard Caccamo was the recipient of the Annual Community Service Award given by the Eastern Orthodox Men's Society for his work on the proposed medical school for the Youngstown area.

How's that for participating in the affairs of the community?

—ROBERT R. FISHER, M.D.

### VOLUNTEER HOSTS NEEDED

The date of the annual Scholarship Dinner is Thursday, April 9. Dr. H. L. Shorr, chairman, asks that physicians and wives (or husbands) wishing to volunteer as hosts for the 50 high school students, contact the Medical Society office. Nine couples will be required. Those who attended past Scholarship Dinners have found the event to be a most enjoyable and inspiring event.

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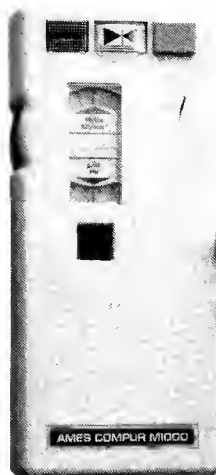
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